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CONFIRMATION NO. 8580

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## \*\* CONTINUING DATA \*\*\*\*\*

BU, YES

This application is a DIV of 10/263,909 10/03/2002

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

BU, NONE

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/09/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 1
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## ADDRESS

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DEPT. IEN

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44060

## TITLE

Electronic package with filled blind vias

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